

HEPATITIS C IN REACH: OPPORTUNISTIC INPATIENT HEPATITIS C IDENTIFICATION AND TREATMENT

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Background: Many people who inject drugs present to acute hospital services, often with complications of drug use, increased risk of hepatitis C virus (HCV) infection and complex social backgrounds. We describe a model which opportunistically identifies inpatients with untreated HCV and links them to HCV care during their inpatient stay, simplifying the treatment pathway, requiring no referrals or outpatient consultations. A collaborative multidisciplinary approach is key to this novel HCV treatment pathway.

Description of model of care/intervention: Daily electronic lists are generated from hospital records which identify inpatients with substance misuse needs. Those with documented HCV infection are followed up by a hepatology clinical nurse specialist (HCNS) and, where appropriate, are offered an HCNS consultation for liver/HCV treatment assessment on the ward. Once a treatment regimen is agreed the HCNS liaise with a multidisciplinary Inclusion Health Team, linking HCV treatment care with appropriate drug/social/housing support. HCV treatment may be started in hospital or following discharge via community pharmacy dispensing along with opiate substitution therapy if appropriate.

Effectiveness: Over 3 months, 18 patients were identified with documented active HCV. 5 were already on HCV treatment pathways. 7 patients were discharged prior to being reviewed by HCNS. 6 inpatients received HCV treatment assessment - one disengaged with HCV treatment services post discharge and 5 patients commenced HCV treatment, one as an inpatient. Treatment outcomes are awaited.

Conclusion and next steps: Identification of inpatients with HCV infection enables opportunistic liver/HCV assessment during the admission leading to successful initiation of antiviral treatment. Collaborative working between HCNS, addiction teams, social support and ward staff enables individualised, holistic, patient-centred care, promoting shared decision making. Treatment outcomes will indicate if discharge to supported environments facilitates HCV treatment completion and cure.

Disclosure of Interest Statement:

The authors have no conflict of interest to declare